									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001 [O 01860]													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL E	YTITY	OR	OTHER		
TOTAL CLAIMS			69				1	RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		, NUMBER EXTRA			BASIC FEI	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			69 minus 20=		• 49			X\$ 9=	4417	OR	X\$18=		
INDEPENDENT CLAIMS			4 minus 3 =					X42=	42	OR	X84=	1/	
M	LYIPLE DEPEN	DENT CLAIM P	ESENT					·+140=		OR	+280=	1	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	253	OR	TOTAL		
CLAIMS AS AMENDED - PART II											OTHER		
_		(Column 1)		(Catu		(Column 3)) F	SMALL		OR	SMALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 69	Minus	-	69			X\$ 9=.		OR	X\$18=		
	Independent	. 6	Minus	***	4	-12		X45=	515	OR	X84=		
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM			+140=	<u> </u>	OR	+280=		
	. ~							TOTAL	516	OR	TOTAL	· · · · · ·	
	5-6-05 (Column 1) (Column 2) (Column 3)							ADDIT. FEE					
		(Column 1)			mn 2) ÆST	(Cotumn 3)	1 6		ADDI	1		4001	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA		PATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• 21	Minus	· 6	9		 	X\$ 9=		OA	X\$18=		
AME	Independent	• <i>4</i>	Minus	/	16			X42=		OR	X84=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						۱ ^ر	+140=		OR	+280=		
							L	TOTAL		OR	TOTAL		
	8-17-05	_(Calumn 1)		(Colum	mn 2)	(Column 3)	•	VODIT. FEE		, -	ADDIT. FEE		
AMENDMENT C		CLAIMS REMARKING AFTER AMENDMENT		NUM PREVI	IEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ð	Total	· 20	Minus	- C	٠ ٩	•		X\$ 9=		OR	X\$18=		
N N	Independent	• 3	Minus	***	16	•		X42=		OR	-X84n		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									Un			
+140= OR +280=													
* If the entry in column 1 is less than the entry in column 2, write "V" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***Of the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***Of the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
		per Previously Pai					r tou	qs ent ni bn	propriate box	t in col	umn 1.		

FORM PTO-875 (Rat. 8/01)

PRISM and Vindamen Office U.S. DEPARTMENT OF COMMERCE